

ACUSHNET COMPANY

RECEIVED
CENTRAL FAX CENTERFAX COVER SHEET

JUN 17 2005

DATE: June 17, 2005

TO: Mail Stop Amendment
Commissioner for Patents
Art Unit: 3711, Examiner: HUNTER, ALVIN A
Facsimile No.: 703-872-9306

FROM: Kristin D. Wheeler
Customer Number: 40990
Phone No.: (508) 979-3015

RE: Application Serial No.: 10/789,288
Response to Office Action of March 17, 2005

Pages including cover sheet: 11

CONFIDENTIALITY NOTICE: This facsimile transmission (and/or the document accompanying it) may contain confidential information belonging to the sender. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this information is strictly prohibited. If you have received this transmission in error, please immediately notify us by telephone to arrange for the return of the documents. THANK YOU.

Certificate of Transmission under 37 C.F.R. § 1.8

I hereby certify that this correspondence (11 pages), including this facsimile cover sheet, a signed Response (7 pages), a fee transmittal (1 page) and a Terminal Disclaimer (2 pages), is being facsimile transmitted to the United States Patent and Trademark Office, Art Unit 3711

on June 17, 2005
Date



Signature

RECEIVED
OIP&AP

JUN 20 2005

Kristin D. Wheeler (Reg. No. 43,583)
 Name of person signing Certificate
Titleist
 P.O. Box 965
 Fairhaven, MA 02719-0965


FOOTJOY

 (508) 979-3015 phone
 (508) 979-3063 fax

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

TOTAL AMOUNT OF PAYMENT **(\$)** 130.00

<i>Complete If Known</i>	
Application Number	10/789,288
Filing Date	February 27, 2004
First Named Inventor	Michael J. Sullivan
Examiner Name	HUNTER, ALVIN A
Art Unit	3711
Attorney Docket No.	B04-07

METHOD OF PAYMENT

Deposit Account Deposit Account Number: 502309 Deposit Account Name: Acushnet Company
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>Filing Fee (\$)</u>	<u>Search Fee (\$)</u>	<u>Examination Fee (\$)</u>	<u>Fees Paid (\$)</u>
<input type="checkbox"/> Utility	300	500	200	
<input type="checkbox"/> Design	200	100	130	
<input type="checkbox"/> Reissue	300	500	600	
<input type="checkbox"/> Provisional	200	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Fee (\$)

50

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Fee (\$)

200

<u>Total Claims</u>	<u>Paid TC</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-	=	0	× 50 =	0

Paid TC = the greater of 20 or highest number of total claims paid for

<u>Independent Claims</u>	<u>Paid IC</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-	=	0	× 200 =	0

Paid IC = the greater of 3 or highest number of independent claims paid for

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>(round up to integer)</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/ 50 =		× 250 =	

4. OTHER FEES

Statutory Disclaimer \$130

Fee Paid (\$)

130

Other:

SUBMITTED BY

Signature		Registration No. 43,583	Telephone (508) 979-3015
Name	Kristin D. Wheeler	Date	